

## MILITARY SPOUSE RESIDENCY AFFIDAVIT FOR TAX EXEMPTION

**COMMISSIONER OF THE REVENUE** 

OFFICE USE ONLY		
ACCT#		

## SERVICEMEMBER INFORMATION

Legal Full Name:			
	Last Name	First Name	Middle Name
Social Security #:			
Social Security III			
<b>Current Residence Address:</b>			
	Street Address (Do 1	not use Post Office Box)	
	City	State	Zip
Legal Residence/Domicile:			
	City	State	
<b>Legal Residence/Domicile</b> is the place w formed the intent to remain for the indefinit			
(Note: This section must be completed i	SPOUSE INFO		y titled in spouse's name)
On December 31, 2018, Congress enacted to amends the Servicemember Civil Relief Act legal residence for personal property tax put Servicemember at the member's duty station	t ("SCRA") to provide rposes if the spouse's p	that the spouse of a Servicement presence in the state of VA is due	aber may elect to use the
Spouse's Legal Full Name:			
	Last Name	First Name	Middle Name
Spouse's Social Security #:			
Spouse's Current Residence Address:			
	Street Address (Do not use Post Office Box)		
	City	State	Zip

Privacy Act Notice: Disclosure of your Social Security Number on this form is mandatory. The Commissioner of the Revenue is requesting this number in accordance with the authority provided by Virginia Code Section 58.1-3017 and 42 U.S. C. Section 405. Social Security Numbers are used as a means of identification for the filing, retrieval and processing of local tax exemption applications. Social Security Numbers are regarded as confidential tax information, and except as otherwise provided by law, those numbers will not be disclosed for any other purpose. If you do not disclose a Social Security Number, you may encounter problems in the processing of your tax exemption application and refunds, if applicable.

PLEASE NOTE: The effective date of the VBTA for personal property is January 1, 2019

Spouse and additional required information continued on the back of this form.

## **Military Spouse Residency Affidavit for Tax Exemption**

FOR TAX YEAR:	
NAME OF SPOUSE APPLYING FOR EXEMPTION:	
NAME OF ACTIVE-DUTY SERVICEMEMBER:	
I, the undersigned, do hereby attest that the answer	rs given in this affidavit are true and correct and that I an
the spouse of, a	n active duty military member with legal residence othe
than Virginia who is in compliance with military order	rs, and I am in Virginia solely to be with my spouse.
Pursuant to the Servicemembers Civil Relief Act (SC	RA) as amended by the Veterans Benefits and Transition
Act (VBTA), effective January 1, 2019, I elect the sar	me legal residence in that state of as m
military spouse OR I have the same non-Virginia dom	niciliary or legal residence in the state of
as my military spouse pursuant to the SCRA as amen	ded by the Military Spouses Residency Relief Act (MSRRA
in 2019.	
The following required documents are attached authorized by the SCRA as amended:	to support the personal property tax exemption a
My Military Identification card	
<ul> <li>Servicemember's Leave and Earnings Statem</li> </ul>	nent (LES) indicating a legal state of residence other than
Virginia for the tax year referenced above.	
<ul> <li>The active duty military member's Dependent document listing the spouse.</li> </ul>	ncy Application/Record of Emergency Data (Page 2)
Applicant's Signatu	ıre:
Applicant's Name:	Please Print
Daytime Telephone	#: ()
NOTARY PUBLIC (our office can notarize this affidavit for you)	
COMMONWEALTH OF VIRGINIA CITY/COUNTY, to wit:	
The foregoing affidavit was acknowledged before me this	
day of, 20by	
Name of person seeking acknowledgement	
	Return the completed notarized application to:
Notary Public Signature	Commissioner of the Revenue
,	Personal Property Department 1 Franklin Street, Suite 101
Notary Registration #:	Hampton, VA 23669
My commission expires:	Phone (757) 727-6183

Fax (757) 727-6843